

Board of Directors (Public)

Item 2.3

Subject: Care Quality Commission National Patient Survey 2015
Date of meeting: 26th July 2016
Prepared by: Joanne Shaw, Lead Nurse and Sue Pemberton Director of Nursing and Quality
Presented by: Raph Perry/Medical Director

BAF Ref	Impact on BAF
1.1, 1.2	None

1. Executive Summary

LHCH has historically achieved excellent feedback from patients in the national in patient survey over the last ten years coming top in the country for eight.. The 2015 results show that LHCH has been rated as top in the country for overall experience nationally. The purpose of this paper is to provide the Board of Directors with the results and a comparison to the previous year.

This thirteenth survey of adult inpatients involved 149 acute and specialist NHS trusts (one trust was excluded from the national results due to errors when drawing their sample). Responses were received from 83,116 people, a response rate of 47%. Patients were eligible for the survey if they were aged 16 years or older, had spent at least one night in hospital and were not admitted to maternity or psychiatric units. Trusts sampled patients discharged during July 2015.

LHCH counted back from the last day of July 2015, every consecutive discharge were included, until we had selected 1250 patients. Fieldwork took place between September 2015 and January 2016. LHCH response rate was 67%, which is the 2nd best in the country. (see appendix one for full results)

LHCH has been rated as:

- Top in the country for overall patient care in the 2015 results
- Top in five sections of the national patient survey – including nurses, doctors, the hospital and ward, care and treatment and waiting to get a bed on a ward.

The Board of Directors are asked to receive the results and agree the actions identified to improve, in line with the Patient and Family Experience Vision.

2. Results

LHCH has been rated top in the country for the following questions:

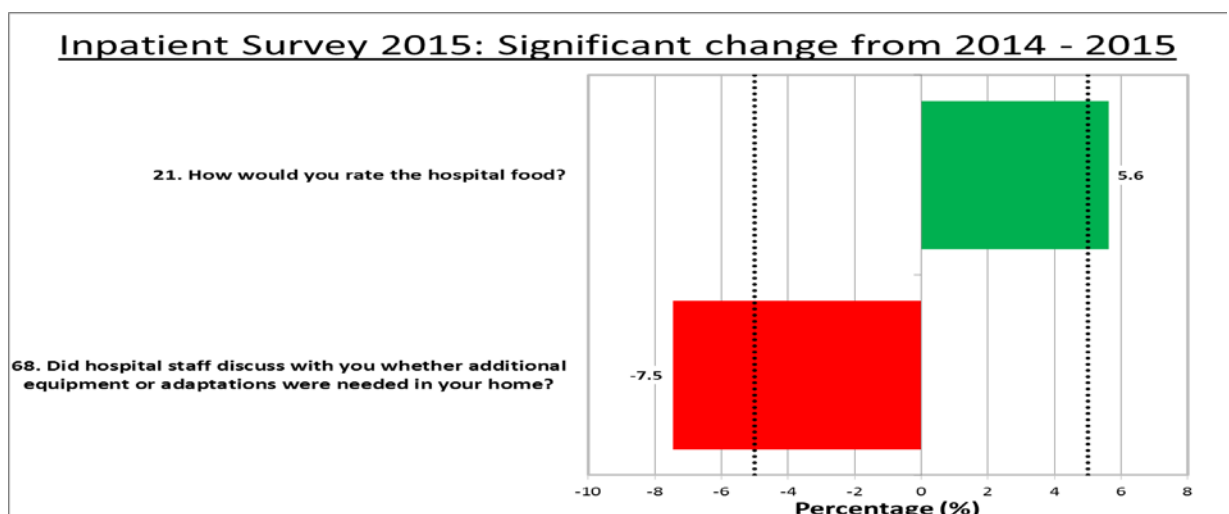
Q9: From the time you arrived at the hospital, did you feel that you had to wait a long time to get to a bed on a ward?
 Q15: Were you ever bothered by noise at night from other patients?
 Q17: In your opinion, how clean was the hospital room or ward that you were in?
 Q18: How clean were the toilets and bathrooms that you used in hospital?
 Q20: Were hand-wash gels available for patients and visitors to use?
 Q24: When you had important questions to ask a doctor, did you get answers that you could understand?
 Q25: Did you have confidence and trust in the doctors treating you?
 Q28: Did you have confidence and trust in the nurses treating you?
 Q32: Did a member of staff say one thing and another say something different?
 Q34: Did you have confidence in the decisions made about your condition or treatment?
 Q37: Do you feel you got enough emotional support from hospital staff during your stay?
 Q42: After you used the call button, how long did it usually take before you got help?
 Q59: Were you given any written or printed information about what you should or should not do after leaving hospital?
 Q71: During your time in hospital did you feel well looked after by hospital staff?
 Q72: Overall experience

LHCH was also rated top in the following sections of the survey :

S03: Waiting to get to a bed on a ward (Only 1 question (Q9) in this section)
 S04: The hospital and ward
 S05: Doctors
 S06: Nurses
 S07: Care and treatment
 S11: Overall experience (Only 1 question (Q72) in this section)

3. Areas of significant change

The table below shows the one area that the trust had seen significant slippage in performance and the one area that saw an improved performance over last year.



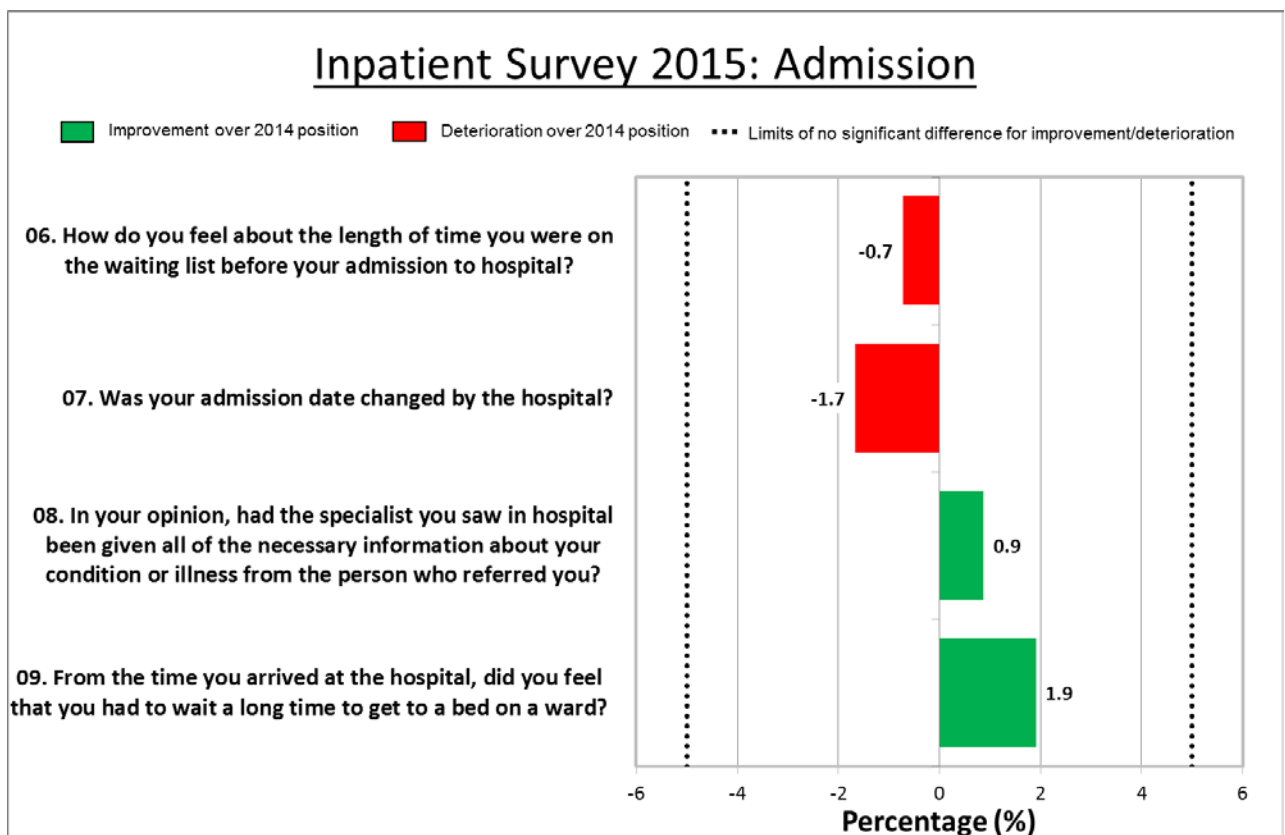
In relation to significant improvement this year the most significant change was in how well the patients rated the food provided. This year the Nutritional steering group have been focusing on meal observations and feeding back to the team any issues that are highlighted, in order that

changes can be made. The new provision of snack boxes for patients with dementia have been welcomed by the patients and a new and improved menu for those on a soft or pureed diet have also been well received.

The red areas regarding additional equipment will be reviewed by the discharge and care support team.

4. Section results

4.1 Admission

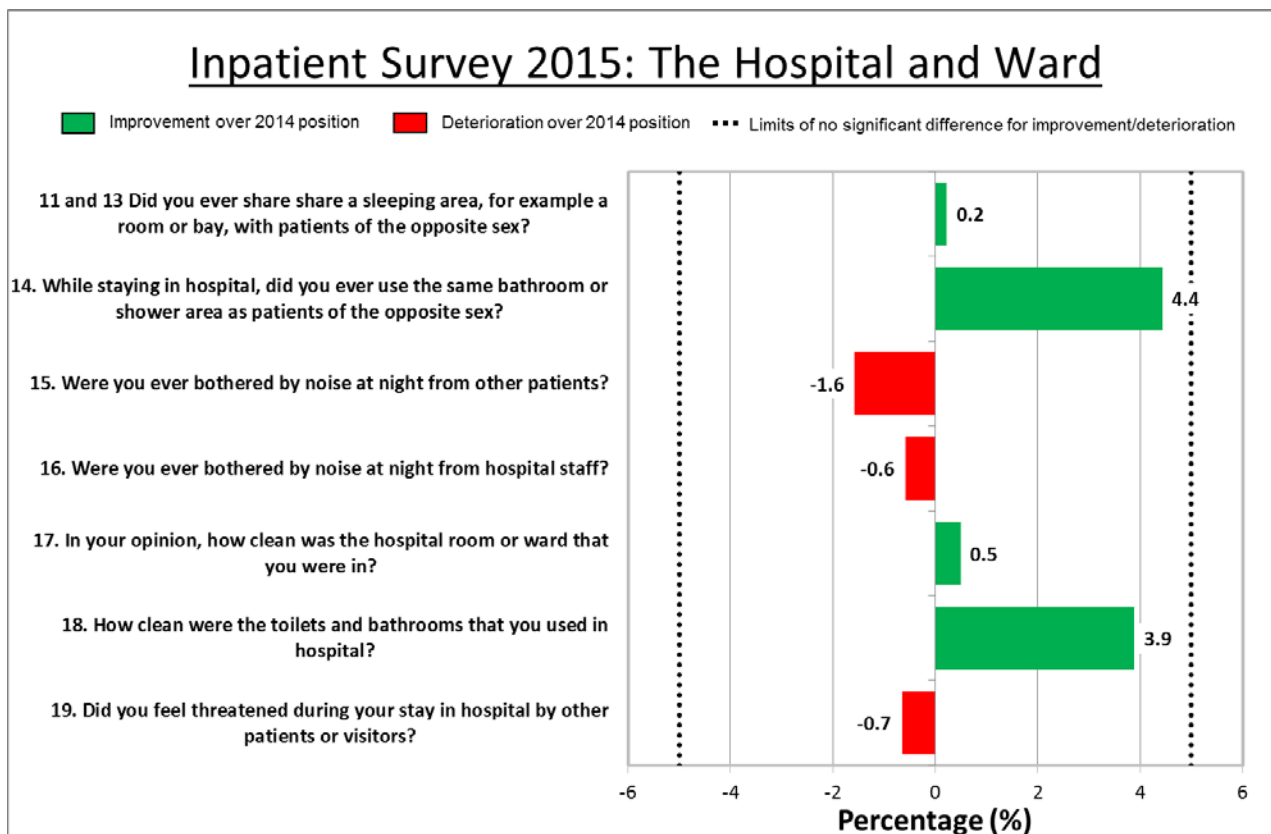


Actions taken and future work

Several changes to patient flow have been undertaken in the last year including:

- A discharge lounge area, incorporated in to Mulberry ward a comfortable waiting areas for patient to stay before discharge from the hospital
- Developed a new pathway for admission of patients with dementia and/or learning disabilities where capacity screening can be done prior to admission in their own homes.
- Bedside folder- launching new Patient and Family information Welcome Booklet to orientate patients to the Trust, this will be available to each patient and in addition will inform them of facilities that are available, daily routines and provide advice on how to stay safe and to make their concerns known at the earliest possible point in their stay.
- Commenced same day admission for patients requiring thoracic surgery with a plan to extend this for our cardiac patients further in 2016/17
- Implemented surgeon of the day to assist with the pathway flow work for our patients.
- We have commenced a review of the pre op surgical pathway with a view to improve efficiencies and patient and family experience

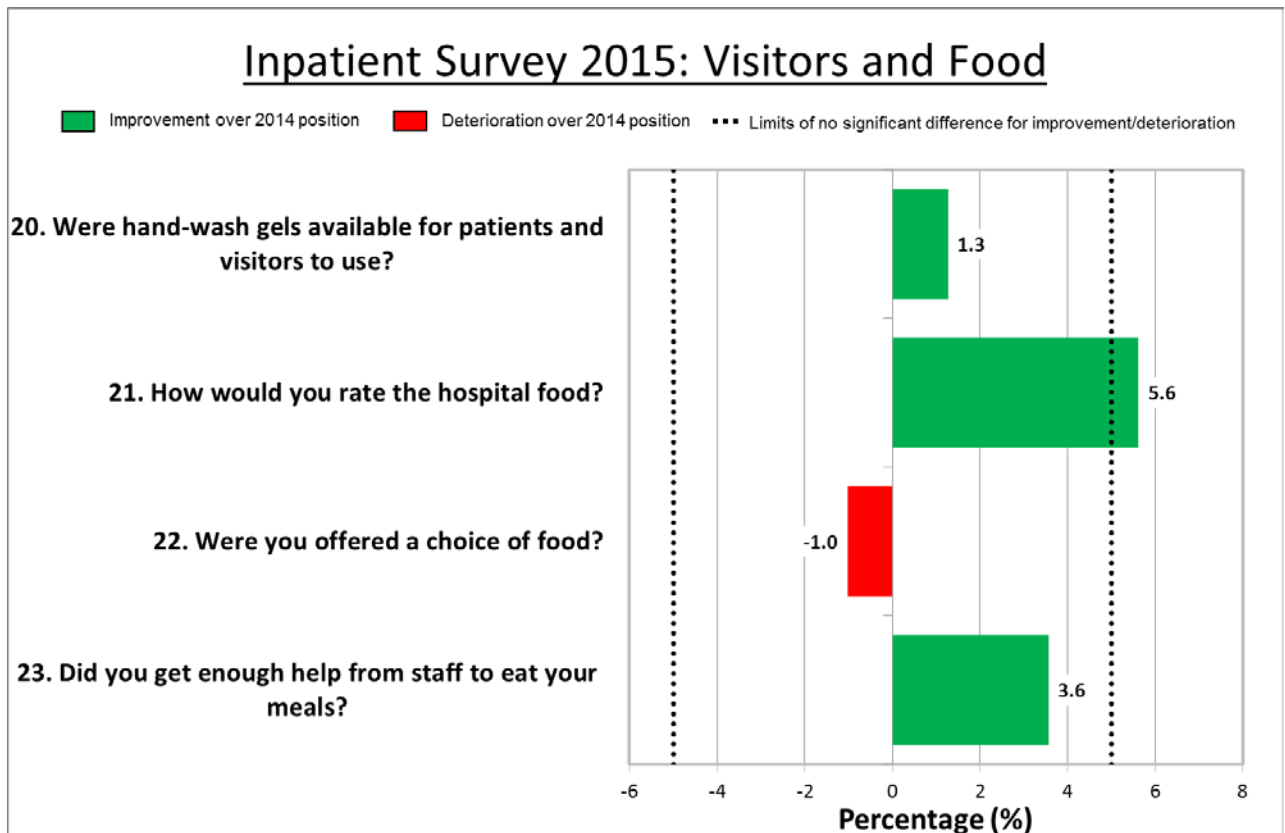
4.2. Hospital and ward



Actions taken and future work

- Opening of the new Cherry Ward
- New bathrooms on Birch Ward
- New bathrooms on Maple Suite
- Enhanced care protocol developed
- Activity packs on all ward areas
- Monitoring excellent standards of care through ECS- all wards have been monitored through the ECS process which identifies all positive aspects of care, at the same time focussing on areas for improvement and offering constructive, supportive and credible feedback which informs the action plans for each area to drive improvements.
- HALT - Being open and honest with patients.
- Report, escalate. Talk and speak out safely - this has supported staff and our patients to develop a culture of safety and respect in which they feel confident and supported to be open and honest and prevent harm from occurring.
- Frailty screen- all patients admitted to the trust will be screened for frailty, which if positive will provide a frailty assessment and referral to their GP for a comprehensive geriatric assessment leading to a package of care and support.
- Discussions with staff and observations regarding noise at night have taken place.
- Pulmonary vein isolation (PVI) patients are accommodated on Holly suite when inpatient beds are not available to enable the patient journey to commence
- Working dogs attending with blind patients

4.3 Visitors and food

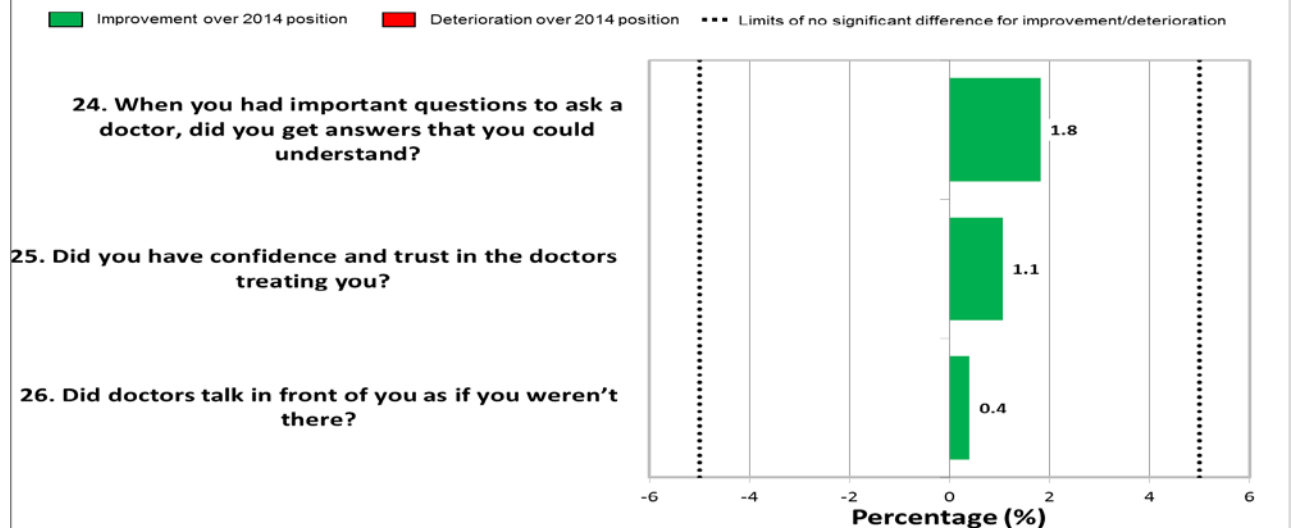


Actions taken and future work

- Patient and family centred approach to mealtimes
- Updated 'nutritional status' at a glance board in the kitchen
- Pictorial menus introduced for pureed diets and patients living with a cognitive impairment, such as dementia
- New sandwiches and new flavours in wide choice of breads including gluten free
- Increased number of mealtime observations to include breakfast observations
- Increased menu options for those who wish to have a smaller portion
- Expanded the role of the ward volunteers
- Care partner- now all patients are asked on admission if they would like to have a care partner and interventions can now be measured from EPR flow sheets on a shift by shift basis. Families can stay and be part of meal times and support patients.
- Visitors have access to hot drinks on Holly suite

4.4 Doctors

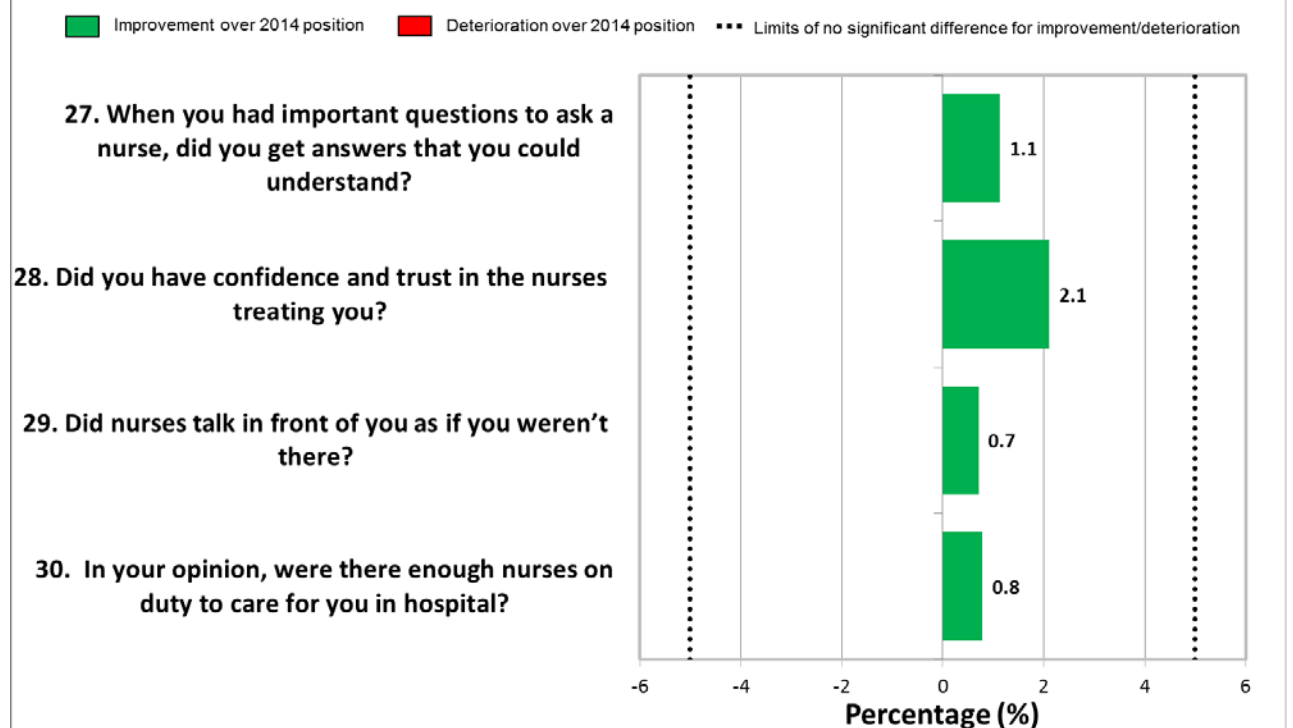
Inpatient Survey 2015: Doctors



- This year we have introduced twice daily ward rounds in POCCU/ITU by Consultant Intensivists
- Twice daily ward rounds in CCU
- Senior led ward rounds each morning and evening
- Consultant led ward rounds for thoracic patients at weekends

4.5 Nurses

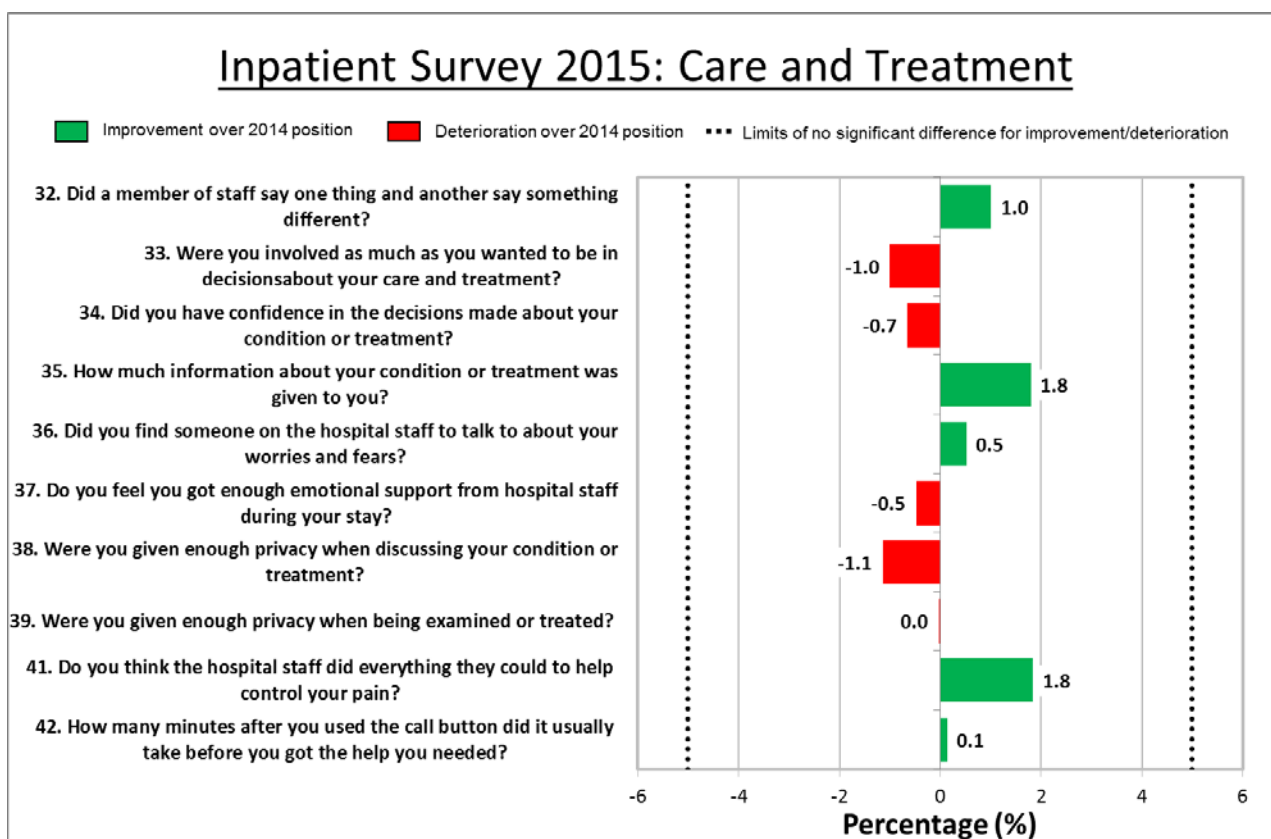
Inpatient Survey 2015: Nurses



We scored top in the country for the questions about our nurses ,some further areas for improvement have been :

- International recruitment plans in place
- Development of a new leadership programme for senior staff
- Clinical supervision in place across the Trust
- New care certificate training
- Face to face safeguarding level 3 training now in place
- Development of the HCA pool of staff
- Safeguarding/DOLS - all wards now have an information folder for each ward and department to inform them of support available and standards required in safeguarding, MCA and DoLS, this raises awareness and provides support for them in managing patients who are vulnerable or at risk.
- EPR nursing record keeping- through working with the ward managers and EPR team we are developing more fluid and accurate patient records to capture the care delivered, to anticipate patient's needs, improve communication between wards within the patient journey and promote patient safety as well as providing nurses with a meaningful record of the care they have delivered and by ensuring the 6'cs are at the heart of everything we do.
- Ward manager walks the ward each day to greet each patient and offer support as required
- Recruitment of Advanced Practitioners across the Trust
- Hello my name is cards in consulting rooms and availability of contact details for ward manager on all wards
- Sister in endoscopy sampling EBUS patients to reduce length of stay by supporting Consultant

4.6 Care and Treatment

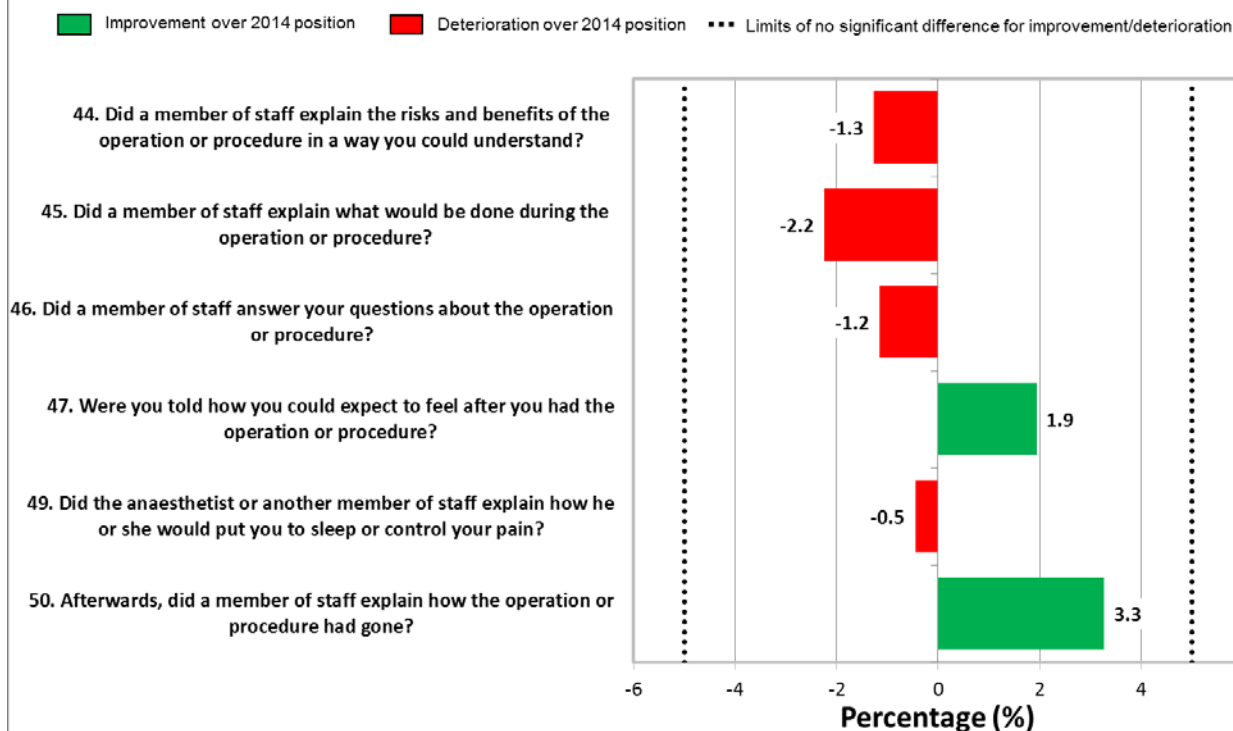


Actions taken and future work

- New comfort check proposal work
- New multifactorial falls assessment
- Introduction of frailty screen
- Letter generated through EPR to inform GP if patients have had an inpatient fall
- Proposed new bed rail assessment
- Follow up phone call by ANP for complex aortic patients - document created for EPR
- Patient flow work in place
- Falls project in place to look at bathrooms
- Documenting patient care- through visiting wards, reviewing EPR and assessing the management of care of patients with complex needs, gaps have been identified in EPR which have now been addressed, (for example lack of a VRE pathway within EPR, lack of structure around oral hygiene and colostomy management).
- Falls prevention - an environmental assessment that encompasses falls and dementia has been undertaken in two wards to examine changes that can be made to the environment to promote the health and well-being and create a safer environment
- There has been a redesign in EPR of how we assess, manage and document patient frailty and falls. We now have a multifactorial assessment and interventions including, changes in EPR, a post fall review, (which will now lead to a letter being generated to the patient' GP for follow up care post discharge), a mini-investigation within EPR to analyse themes of falls so improvement can be targeted, raised awareness across the trust through patient information, staff education, falls prevention week, and highlighting the risk of patient falls through Corporate Induction
- Supporting patients with learning difficulties and Complex care needs- we have developed a learning disability and complex care policy which sets standards for patient care and provides guidance through flow sheets in EPR for each point of admission
- LIA work – home for lunch - focusing on reducing patient moves, home for lunch and reducing waiting time for TTO's
- Recruitment – All nursing vacancies across ward areas (exception Cath labs and theatres) have been appointed to following monthly recruitment. Significant work has been undertaken to promote LHCH as the best place to work
- Care partner programme
- Monthly staffing review and 6-monthly papers identifying that staffing is safe Trust-wide

4.7 Operations and procedures

Inpatient Survey 2015: Operations and Procedures

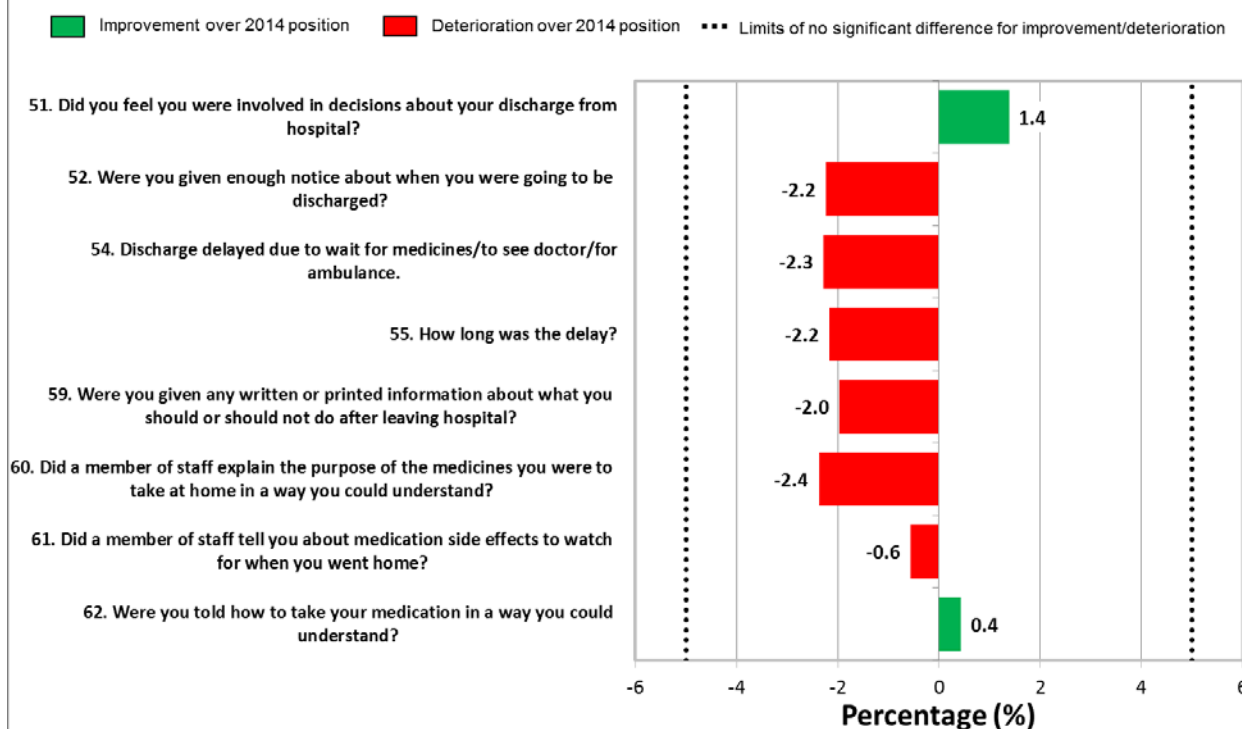


Actions taken and future work

- Expansion of the ANP role within critical care to include early discharge support and education
- Outreach team – family and friends information and drop in sessions
- Roll out of teach back on all areas
- Patient flow project
- Development of new pre-operative sessions for patients and families
- Increase in recruitment of Advanced Practitioners Trust wide
- G.A. bronchoscopy relocated from Theatres to Holly Suite, aiding reduced fasting times for patients and improved experience.
- Innovations for improving patient experience through reduced length of stay within Holly Suite for those patients requiring diagnostics in the form of bronchoscopy.
- PCI protocol updated

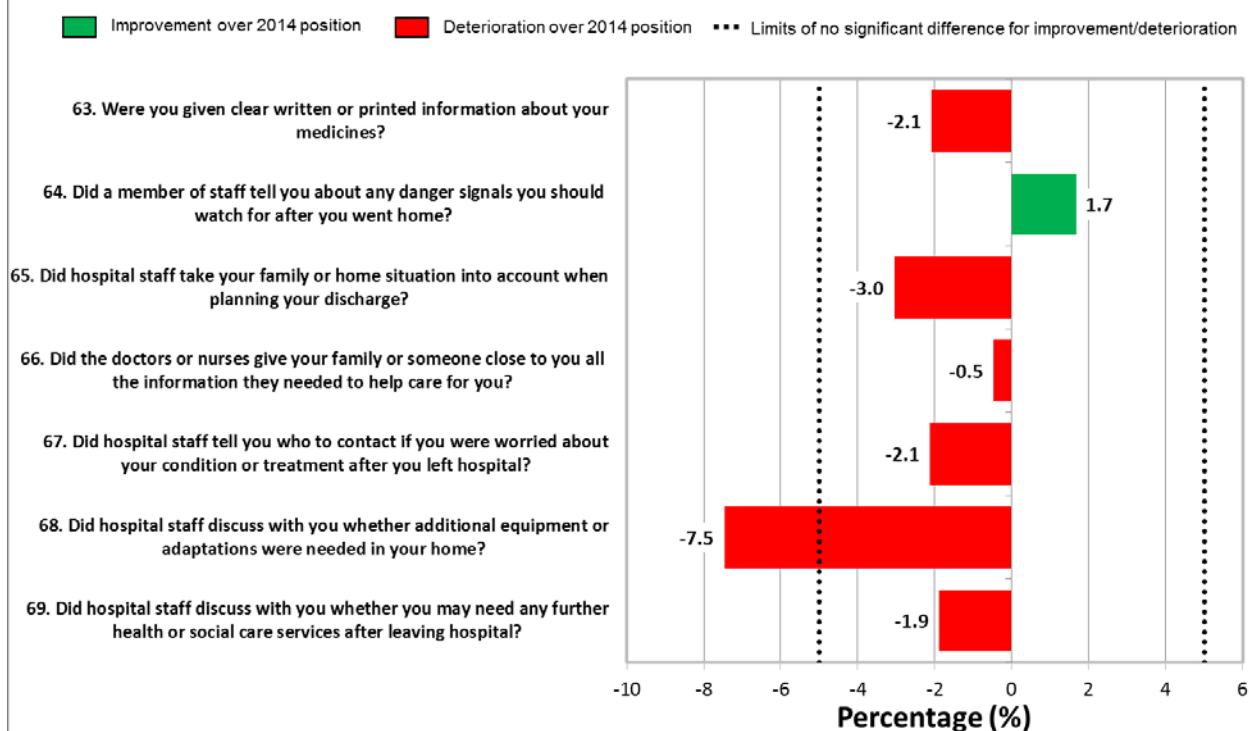
4.8 Discharge

Inpatient Survey 2015: Leaving Hospital (1)



Despite an increased focus on discharge, this remains a challenge for clinical teams. There is continued emphasis on improving the patient and family experience of discharge and this will remain a key focus for 2016/17.

Inpatient Survey 2015: Leaving Hospital (2)



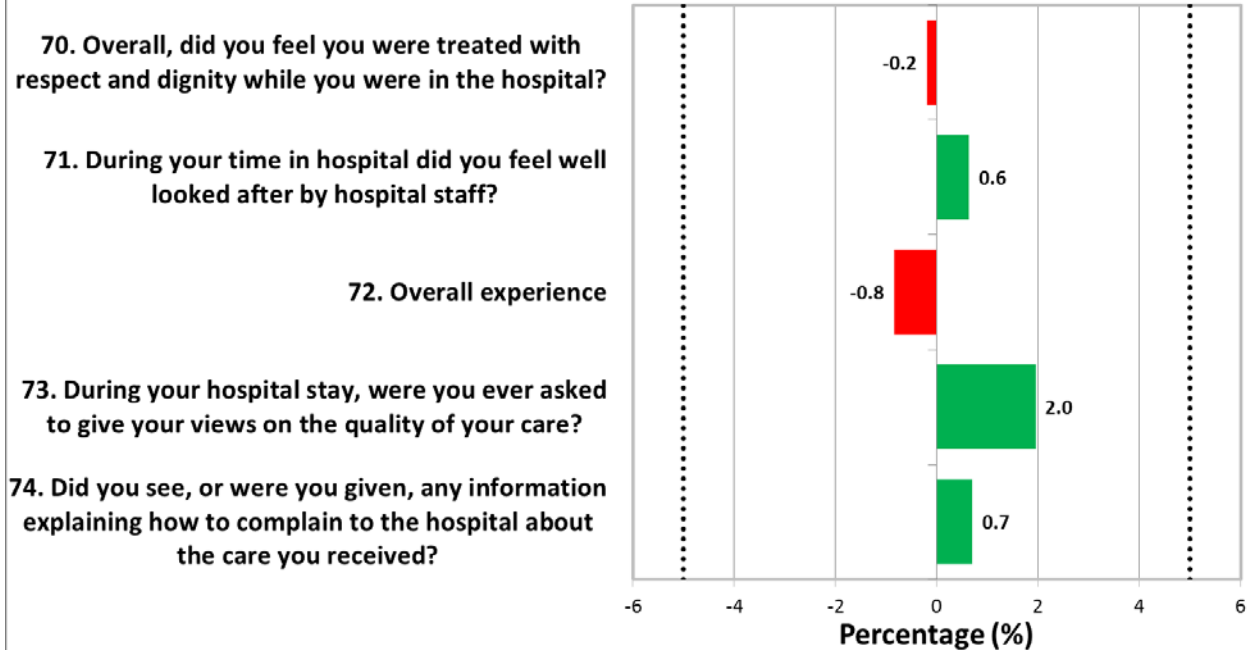
Actions taken and future work

- Patient flow bundle of care
- Discharge project to be undertaken
- Care partner programme updated in EPR to identify specific care needs met by family
- Discharge Advice Line review. Patients and families sign posted to their specific ward areas to seek advice
- Trial of discharge pass on two wards, Elm and Maple Each patient has an Estimated Date of Discharge /Planned Date of Discharge
- Discharge lounge opened
- Advanced practitioners contact patients on discharge who have complex conditions
- No antibiotics following original trial of 100 LINQ patients
- Family involved in discharge advice

4.9 Overall

Inpatient Survey 2015: Overall Views

■ Improvement over 2014 position
 ■ Deterioration over 2014 position
 *** Limits of no significant difference for improvement/deterioration



Actions taken and future work

- New complaints posters made available
- Visible customer care team within wards
- ECS process asking patients and families on our processes for making a complaint
- Information on how to make a complaint is now included in the OPD leaflet
- ECS assessments for wards round 2, for departments round 1.
- 'Response Escalate and Talk' system now in place
- Senior review of all nursing documentation in EPR, reduce duplication and make flow sheets into care plans.
- TTO tracker within EPR used efficiently

- Input of patient liaison clerk in patients with learning difficulties providing continuity of care
- Collaborative working with ECG, ANP, Cath lab, arrhythmia nurses,

5 Recommendations

- Receive the results of the survey and planned future work and that the action plan be monitored through the Quality Committee.